



DEPARTMENT OF HEALTH
AND ENVIRONMENT

Division of Health

Mark Parkinson, Governor
Roderick L. Bremby, Secretary

www.kdheks.gov

May 04, 2010

LYLE D SMITH MD
DODGE CITY MEDICAL CENTER
2020 CENTRAL
DODGE CITY, KS 67801

Dear LYLE D SMITH MD:

You have been identified as being a provider of care for a child who is receiving or who is applying to receive services from Children and Youth with Special Health Care Needs (CYSHCN) - Special Health Care Needs. In order to be reimbursed for your services, you must become an approved CYSHCN provider.

Enclosed with this letter are an application form, an informational pamphlet and an explanation of the billing policy. I hope that these materials will enable you to decide whether to begin or continue to be a provider for our health care program. Please contact me if you have questions or concerns.

Sincerely,

Director
Children and Youth with Special Health Care Needs

Enclosures